

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Rebuilding America Now</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00618876	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>MULTI MEDIA SERVICES CORPORATION</b> MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 23 / 2016</b>		
Mailing Address <b>915 KING STREET</b> <b>2ND FLOOR</b>			Amount <b>123920.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24.222</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 23 / 2016</b>		
Name of Federal Candidate <b>DONALD J. TRUMP</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>13392865.25</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>MULTI MEDIA SERVICES CORPORATION</b> MEDIA PLACEMENT			Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 23 / 2016</b>		
Mailing Address <b>915 KING STREET</b> <b>2ND FLOOR</b>			Amount <b>206250.00</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24.224</b>		
Purpose of Expenditure <b>MEDIA</b>		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 23 / 2016</b>		
Name of Federal Candidate <b>HILLARY RODHAM CLINTON</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>13392865.25</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>330170.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ryan R. Call Esq.

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 25 / 2016**

Signature